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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091297591		FILING DATE 03 May 99		
							APPLICANT(S) <i>Name</i>		DATE <i>09/29/99</i>		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	2		12				TOTAL DEP.				
TOTAL CLAIMS	3		13				TOTAL CLAIMS				

PTO-1280 (3-78)

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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